



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400002

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MLJJ,INC.

DOING BUSINESS AS THE GRAY BARN

ADDRESS 2 ELM ST.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: MELLOR,JOHN H. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON FIRST FLOOR, ONE ROOM SECOND FLOOR. FRONT AND SIDE ENTRANCES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400003

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHITINSVILLE GOLF CLUB

DOING BUSINESS A

ADDRESS 179 FLETCHER ST.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: HULME,

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

CHRISTOPHER

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR FOUR ROOMS, CELLAR FOR LOCKERS, ONE FRONT TWO SIDE, ONE REAR AND ONE BASEMENT ENTRANCES. PREMISES TO INCLUDE THE AREA CONTAINING HOLES 1-7 ON THE NORTH SIDE OF FLETCHER STREET AND HOLES 8-9 ON THE SOUTH SIDE OF FLETCHER STREET AS SHOWN ON THE PLAN...TO BE SOLD FROM A BEVERAGE CART

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400006

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PICHEL HOLDINGS INC.

DOING BUSINESS AS HAWK'S NEST TAVERN

ADDRESS 40 PLUMMER AVE.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: PICHEL SR.,
PHILIP R.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TAVERN BUILDING WITH BAR, SERVICE AND STORAGE AREAS. EXTENSIVE SERVICE IS
THE AREA FENCED IN BY A BLOCKADE FENCE ENCLOSING TWO HORSESHOE OITS

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400007

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MUMFORD KNIGHTS OF COLUMBUS CORP.#365

DOING BUSINESS A

ADDRESS 77 PRESCOTT ROAD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: MASTERSON,
MARK L

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL CELLAR AND CLUB HALL UPSTAIRS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400009

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEAV, INC

DOING BUSINESS AS BRIAN'S AND EATING AND DRINKING PLACE

ADDRESS 91 PROVIDENCE RD.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01525

MANAGER: SNAY, BRIAN D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONSISTING OF DINING ROOM, FUNCTION ROOM, BAR/LOUNGE AND KITCHEN W/STORAGE. ENTRANCES AT FRONT, MIDDLE AND EXIT ON LEFT SIDE. RIGHT SIDE REAR AND FROM THE KITCHEN ON LEFT REAR.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400011

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Pardee Group, Inc

DOING BUSINESS AS THE GRILL

ADDRESS 2043 PROVIDENCE RD.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01534

MANAGER: Pardee, John

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG. TWO ROOMS ON FIRST FLOOR, TAPROOM, HALF CELLAR USED FOR STORAGE.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400014

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLIVER ASHTON POST 343, INC.

DOING BUSINESS AS

ADDRESS S/S CHURCH AVE.

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01534

MANAGER: BERKOWITZ,
HARRY

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME AND BRICK VENEER BLDG. WITH PARTIAL CELLAR, ONE STORY BLDG. W/KITCHEN, MEETING ROOM, MAIN HALL, STORAGE ROOM FOR SALES AREA OFF MAIN HALL. TWO TOILETS OFF MAIN HALL.

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400016

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUGLAS PACKAGE STORE, INC.

DOING BUSINESS AS ARCADE PACKAGE

ADDRESS 185 CHURCH ST

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: WNUKOWSKI,
DAVID J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT RETAIL SPACE IN TOWNE PLAZA. ONE FLOOR WITH ONE FRONT ENTRANCE
AND ONE REAR ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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LICENSE NUMBER: 090400017

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEVE TRAN

DOING BUSINESS AS 1 Quikstop

ADDRESS 206 North Main St

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: Tran, Steve

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

commercial brick building approx 40 by 60 front and rear entrances, employee office, restrooms, cashier station, utility room, cooler, storage room

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400021

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MINA'S FOODS, INC.

DOING BUSINESS AS VERA'S MINI MART

ADDRESS 1 PLUMMERS CORNER

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: YOUSSEF,
ASHRAF

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1525 SQ. FT. MINI MARKET STORE, ENTRANCE AT FRONT AND REAR.

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400022

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRIENDLY DISCOUNT LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 1167 PROVIDENCE ROAD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: Giannopoulos,
William E.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 10,000 SQ. FT. OF GROUND LEVEL FLOOR AREA (NO BASEMENT/NO SECOND FLOOR) LOCATED WITHIN WHITINSVILLE PLAZA SHOPPING AREA W/ ENTRANCE/EXIT AT FRONT AND EMERGENCY AND LOADING ENTRANCE/EXIT IN THE REAR

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400028

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Sparetime Enterprises, Inc

DOING BUSINESS AS SPARETIME RECREATION

ADDRESS 117 CHURCH ST

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: Couture, Wayne D

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH ENTRANCE ON CHURCH ST AND EXIT ON REAR PARKING
LOT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400029

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGE K DROSIDIS

DOING BUSINESS A VILLAGE HOUSE OF PIZZA

ADDRESS 199 NORTH MAIN ST

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH CELLAR

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400030

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JYOTI ENTERPRISES, INC.

DOING BUSINESS AS GARY'S VARIETY

ADDRESS 2201 PROVIDENCE ROAD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01534

MANAGER: PATEL, HARSHAD TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS, ONE FRONT DOOR, ONE GARAGE, RETAIL AREA, PAPER BAG STORAGE,
RETURNABLE CAN STORAGE, FULL CELLAR, NOT USED FOR STORAGE, ONE REAR DOOR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400032

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JUBES, LLC

DOING BUSINESS AS JUBES FAMILY RESTAURANT

ADDRESS 1227 PROVIDENCE RD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: JOUBERT,
RICHARD N. III

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2750 SQ FT SINGLE LEVEL CONSISTING OF DINING ROOM, KITCHEN, RESTROOMS,
OFFICE AND STORAGE ROOMS. ONE EXIT AND ENTRANCE AT LEFT OF FRONT OF THE
BLDG. ONE EMERGENCY EXIT AT RIGHT FRONT OF BLDG.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400034

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Brenda McAuliffe

DOING BUSINESS AS cellar sooper

ADDRESS 106 Providence rd

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01525

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one room with storage

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400035

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 481 YOGI CONVENIENCE STORE INC.

DOING BUSINESS AS HIGHLAND FARMS

ADDRESS 218 CHURCH STREET

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: CLARK,DEBRA J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE 36X48 IN SIZE WITH FRONT ENTRANCE AT 218 CHURCH STREET,
AND SIDE ENTRANCE ON SOUTHWEST SIDE, WALK IN COOLER AND STORAGE AT REAR
OF STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400036

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAURIEANN'S RESTAURANT & BAR, INC.

DOING BUSINESS AS

ADDRESS 2147 PROVIDENCE ROAD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01534

MANAGER: KAYHART, LAURI TYPE OF LICENSE: Restaurant
EANN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING ROOM. THE BUILDING IS APPROX. 81' X 27' THERE ARE THREE
MEANS OF EGRESS: ONE FRONT ENTRANCE TWO REAR EXIT THROUGH STORAGE AREA
THREE SIDE EXIT THROUGH STORAGE AREA ON THE LEFT SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400037

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SR GOLF CLUB LLC

DOING BUSINESS AS SHINING ROCK GOLF CLUB

ADDRESS 91 CLUBHOUSE LANE

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: PAPADELLIS, LOUI
S

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING UTILIZED AS A GOLF CLUBHOUSE WITH KITCHEN AND SEATING FOR APPROX. 30 PREMISES ALSO TO INCLUDE THE AREA CONTAINING THE 18 HOLES OF THE GOLF COURSE SHOWN ON THE DEAD/PLAN ATTACHED HERETO....

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400038

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRYSTAL GAS INC.

DOING BUSINESS AS

ADDRESS 175 CHURCH STREET

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: HOUSSAN,
GEORGE EL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING USED AS A CONVENIENCE STORE AND GAS STATION WITH
SMALL OFFICE, STORAGE AREA AND RESTROOM...ONE MAIN ENTRANCE/EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400039

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D & NG INC.

DOING BUSINESS AS KING JADE RESTAURANT

ADDRESS 1229 PROVIDENCE ROAD

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: NG, NATHAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1650 SQ FT..FRONT ENTRANCE FROM PARKING LOT AND REAR ENTRANCE FOR SERVICE AND DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400040

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILL HOUSE WINE AND SPIRITS, INC.

DOING BUSINESS AS

ADDRESS 670 LINWOOD AVENUE

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: GIANNOPOULOS, TYPE OF LICENSE: Package Store
ALEXIS L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 4,100 SQ FT SPACE LOCATED AT THE FRONT FAÇADE OF THE LINWOOD MILL BUILDING INCLUDING 100 SQ FT OFFICE FOR ADMINISTRATIVE USE; 500 SQ FT OF MERCHANDISE STORAGE; 2 RESTROOMS. PARKING LOST WITH AMPLE PARKING. CUSTOMER ACCESS IS AT THE REAR OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090400041

CITY OR TOWN NORTHBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUXURY FOOD INC.

DOING BUSINESS AS DIVINE THAI RESTAURANT

ADDRESS 123 CHURCH STREET

CITY/TOWN: NORTHBRIDGE

STATE: MA

ZIP CODE: 01588

MANAGER: WEYDT, ACHARA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN DINING ROOM 44X19'6"..SECOND DINING ROOM 39'5X14'5 WITH KITCHEN 3
RESTROOMS, FREEZER, COOLERS AND STORAGE AREA..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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